

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **31467**

FILED SEP 24 1948  
Registration District No. **918**

Primary Registration District No. **1003**

Registrar's No. **8119**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**De Paul Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME **Elsie A. Stricker**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Henry Stricker**  
6. (c) Age of husband or wife if alive **40** years  
7. Birth date of deceased **Jan. 10 1915**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**33 8 4** hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business \_\_\_\_\_

12. Name **Theodore Luecke**  
13. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Emmalichtenberg**  
15. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry Stricker**  
(b) Address **6319 Laura Ave.**

17. (a) **burial** (b) Date thereof **9-17-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **SEP 16 1948 J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6319 Laura Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **14**  
year **1948** hour **3** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **much**, 19**37**, to **Sept 14**, 19**48**  
that I last saw **her** alive on **Sept 14**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Nephritis**

Due to **Hypertension**

Due to **Diabetes**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy **as above**

22. If death was due to external causes, fill in the following: \_\_\_\_\_

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **C. W. Schumacher** (M. D. or other) **MD**  
Address **4991 Thrush** Date signed **9-16-48**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Albert R. Thompson*

Licensed Embalmer No. ....

*4237*

P. O. Address.....

*St. Louis*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**